

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90040 020 ***150.00

DOCUMENT # P00000095226

1. Entity Name
TROPICAL DEVELOPMENT CORP.

Principal Place of Business

638 SAN LORENZO AVE
CORAL SPRINGS FL 33146

Mailing Address

638 SAN LORENZO AVE
CORAL SPRINGS FL 33146

2. Principal Place of Business

638 San Lorenzo Ave.
Suite, Apt. #, etc.

3. Mailing Address

638 San Lorenzo Ave
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

59-1538315

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNKIN, CYNTHIA D
638 SAN LORENZO AVE
CORAL SPRINGS FL 33146
GABLES

7. Name and Address of New Registered Agent

Name: Junkin, Cynthia D
Street Address (P.O. Box Number is Not Acceptable):
638 San Lorenzo Ave.
City: Coral Gables, FL Zip Code: 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2.23.01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: JUNKIN, CYNTHIA D
STREET ADDRESS: 638 SAN LORENZO AVE
CITY-ST-ZIP: CORAL SPRINGS FL 33146 ☒ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: Junkin, Cynthia D.
STREET ADDRESS: 638 San Lorenzo Ave.
CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.23.01

305
667-8287

CR2E034 (10/00)